

NOTICE RE: CERTIFICATES OF CORRECTION

DATE : 10-18-01

Paper No.:

TO : Supervisor, Art Unit 2317

SUBJECT : Certificate of Correction Request in Patent No.: 5617539

A response to the following question(s) is requested with respect to the accompanying request for a certificate of correction.

- ☒ 1. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, constitute new matter or require reexamination of the application?
- ☒ 2. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, materially affect the scope or meaning of the claims allowed by the examiner in the patent?
- ☐ 3. Applicant disagrees with change(s) initialed and dated by Examiner in lieu of an Examiner's Amendment. Should the change request be granted?
- ☒ 4. With respect to the change(s) requested, correcting Office and/or printing (O, Off, C, and/or P) errors, should the patent read as shown in the certificate of correction?
- ☐ 5. If the amendment filed _____ had been considered by the Examiner, would the amendment have been entered?

PLEASE RESPOND WITHIN 7 DAYS AND RETURN THE FILE TO

PALM LOCATION 7580,
CERTIFICATES OF CORRECTION BR, PARK 3 -915/922.

Thank you

E. James
Legal Instrument Examiner
Tel. No.

PLEASE CHECK THE BOX(ES) BELOW CORRESPONDING TO THE BOXES CHECKED FOR QUESTION(S)

ABOVE AND RETURN FILE TO: PALM LOCATION 7580, CERT. OF CORREC. BR, PK 3 -915/922

DATE: *10/18/01*

The decision regarding the change(s) requested in the certificate of correction is shown below.

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 2. YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 3. YES | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input checked="" type="checkbox"/> 4. YES | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 5. YES | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |

☐ Comments _____

Dung C. Dinh
Supervisor

Dung C. Dinh
Primary Examiner

Art Unit